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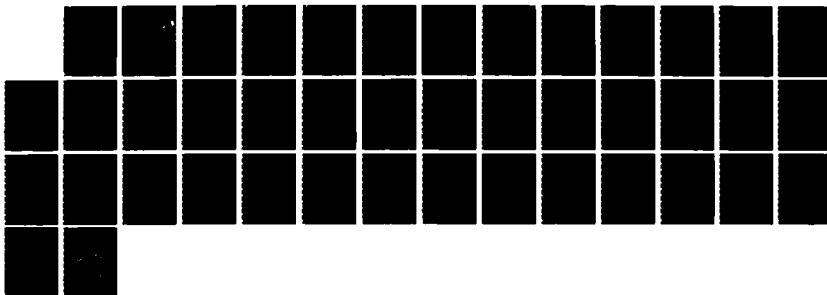
INTERACTIONS OF LIPID VESICLES WITH BLOOD PROTEINS AND
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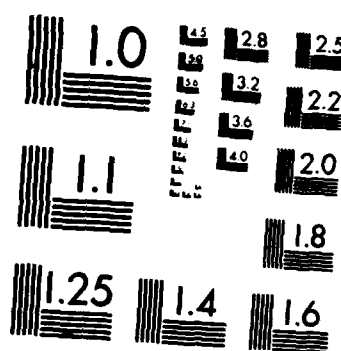
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<p>We have examined the interactions of hemoglobin containing liposomes and of liposomes composed of polymerizable phospholipids with blood cells and proteins. All types of liposomes studied bound a variety of serum proteins with IgG being the most abundant component in each case. Polymerized methacrylate liposomes specifically bound a 53 kilodalton protein not bound by other liposome types. None of the liposomes tested provoked platelet aggregation; however, unpolymerized methacrylate liposomes markedly inhibited ADP induced platelet aggregation. Most liposomes tested did not affect clotting of plasma; however polymerized methacrylate liposomes bound clotting factor V and thus inhibited clotting.</p>			
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"Interactions of Lipid Vesicles with Blood Proteins and Platelets"

PI R.L.Juliano Ph.D. (109-32-1816)

REPRISE OF THE ORIGINAL RESEARCH PLAN

In our original proposal, submitted last year, we had two main goals. The first was to perform an evaluation of potential interactions between hemoglobin containing liposomes and the cellular and protein components of blood. Hemoglobin liposomes are being prepared by Dr. Martha Farmer of the Naval Research Laboratories as a possible blood substitute. The second goal was to evaluate the biocompatibility properties of membranes composed of polymerizable phospholipids. These substances are being developed by Dr. Steve Regen of Lehigh University and are being evaluated by our laboratory for possible in vivo applications in controlled drug delivery or as biomaterials.

For both the hemoglobin liposomes and for liposomes composed of the polymerized lipids we proposed the following set of studies: (i) analysis and quantitation of plasma protein binding to these liposomes; (ii) study of effects of these liposomes on platelet aggregation in vitro; (iii) study of effects of these liposomes on the clotting and complement cascades. For the hemoglobin liposomes we also proposed an evaluation of their immunogenicity. We felt that these studies should provide a good preliminary indication of whether or not there might be any pathophysiological consequences following the administration of hemoglobin liposomes in vivo. We also felt that these studies would provide valuable information on cellular and protein interactions relevant to the biocompatibility properties of polymerized phospholipid membranes.

WORK ACCOMPLISHED 2/1/86--10/1/86

POLYMERIZED LIPID MEMBRANES

We were actually able to make more progress with our second goal. This is because we had previous experience in working with polymerized lipids and because we had an ample supply of the material. The paragraphs below briefly delineate our results thus far. A more complete description is provided in the manuscript by F. Bonte et al "Interactions of Polymerizable Phosphatidylcholine Vesicles with Blood Components: Relevance to Biocompatibility" (appended- submitted to Biochim. Biophys. Acta 1986)

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We have examined the binding of specific serum proteins to vesicles composed of the polymerizable lipids DLL and DPL (see Bonte et al appended for nomenclature). We have also evaluated the effects of these lipids on the clotting cascade and on platelet function.

The SDS polyacrylamide (PAGE) profiles of serum components bound to DLL vesicles whether polymerized or not, or bound to nonpolymerized DPL vesicles, were similar to the PAGE patterns of serum proteins bound to "conventional" phosphatidylcholine (PC) or phosphatidylethanolamine (PE) vesicles. By contrast, the PAGE profile of plasma proteins bound to polymerized DPL was similar to those of anionic phosphatidylserine or phosphatidylglycerol vesicles, although DPL vesicles are not known to have a negative charge. The major plasma component(s) bound to all types of vesicles migrated at 50kD and 25 kD on reducing gels and 150kD on non-reducing gels, thus comigrating with IgG. In the case of polymerized DPL, analysis on non reducing gels revealed a unique component of apparent m.w. 53kD which bound to polymerized but not non-polymerized DPL. This component did not bind to DLL vesicles in polymerized or non-polymerized form, nor to vesicles composed of conventional phosphatidylcholines. Thus we have discovered a serum protein which senses surface changes in DPL vesicles which are brought about by polymerization in the hydrophobic interior of the bilayer.

Polymerized DPL vesicles, in contrast to all other phosphatidylcholine analogs tested, produced marked changes in plasma clotting ability as measured by the activated partial thromboplastin time test (APTT) or the prothrombin time (PT) test. Through use of clotting tests with factor deficient plasma, it was determined that polymerized DPL vesicles specifically bound and depleted clotting factor V.

In terms of platelet function, neither conventional phosphatidylcholine vesicles nor vesicles composed of DPL or DLL were able to provoke platelet aggregation. However, nonpolymerized DPL vesicles (but not any other vesicle type tested) impeded ADP induced platelet aggregation. The underlying mechanism here is unclear at this time, but may relate to intrinsic toxicity of the unreacted methacrylate groups in DPL.

In summary, vesicles composed of conventional phosphatidylcholines or of DLL seem innocuous in terms of effects on platelets or on the clotting cascade; thus DLL vesicles seem to display a high degree of biocompatibility. By contrast, vesicles composed of DPL have adverse effects on platelet and clotting functions.

HEMOGLOBIN LIPOSOMES

Regretably we have only performed a few preliminary studies with hemoglobin containing liposomes provided by the Naval Research Laboratories. We seemed to experience some initial start up difficulties in terms of establishing a smooth coordination between our lab and the workers at the Naval Labs. During the last couple of months, however, coordination between the our lab and Dr. Farmer's lab has improved substantially, we are learning to handle the hemoglobin liposomes more readily, and the availability is increasing. Thus we are confident that most of the studies projected can be completed, although probably not within the 1 yr. time frame originally allotted.

The results obtained thus far are interesting and provide some hints for the eventual in vivo use of hemoglobin liposomes

1) Binding of Plasma Proteins. We have examined the binding of plasma proteins to hemoglobin liposomes and the "empty" liposomes of the same lipid composition as those used to incorporate hemoglobin. An aliquot (0.1 ml) of hemoglobin liposomes or empty liposomes was incubated 1 hr. at 37C with 1 ml isotonic phosphate buffer pH7.4 and 0.5 ml pooled normal human serum. After the incubation, liposomes were diluted in 10 ml buffer and sedimented at 20000xg for 10 min. The pellet was resuspended in buffer and washed 3 times to remove unbound proteins. The liposome bound protein (plus hemoglobin in the case of the hemoglobin liposomes) were solubilized in hot 1% SDS and samples were loaded onto polyacrylamide gels (usually 7.5%) for analysis. Purified human serum proteins from commercial sources were used as standards. Gels were run and stained with coomassie brilliant blue to visualize proteins.

As seen in Fig 1 (reducing conditions) and Fig 2 (non reducing conditions) a variety of serum proteins bind to the hemoglobin liposomes. Some of the bands which are seen in the hemoglobin liposomes but not in the "empty" liposomes samples are likely minor impurities in the hemoglobin preparation; the hemoglobin peptides migrate at the dye front in this system. Major components which bind to both liposomes types (+,-hemoglobin) and which can be definitively identified by comparison to standards include IgG, albumin and alpha2 macroglobulin. A comparison of the bands seen in Fig 1,2 to equivalent profiles for "conventional" or polymerizable liposomes (see Fig 1 appended manuscript by F. Bonte) suggests that the proteins bound to the Naval Labs liposomes (either +,- hemoglobin) are similar to those bound to liposomes composed of "conventional" (ie non polymerized) phosphatidylcholines (PCs) or phosphatidylethanolamines (PEs). This is somewhat surprising since the Naval Labs preparation contains a phosphatidylglycerol (PG) which imparts a negative charge which in turn tends to enhance protein binding. However, the amount of PG in the Naval Labs preparation may be

insufficient to drastically modify the essentially "PC-like" surface of these vesicles. Since "conventional" PC vesicles have been used extensively in vivo without much evidence of toxicity or tendency to induce intravascular fibrin clot formation, the "PC-like" nature of the hemoglobin liposome surface seems to bode well for in vivo use. Obviously, however, these comments are of a very preliminary nature.

2) Interactions with Platelets. We examined the interactions of the Naval Lab liposomes (+, - hemoglobin) with human platelets in the form of platelet rich plasma from normal donors. Experiments were performed at 37C using a Biodata Aggregometer. Platelets (200000/ul) were placed in the aggregometer cuvette. Various dilutions of Naval Labs liposomes (+, - hemoglobin) were added. In no case did the addition of liposomes show any sign of provoking platelet aggregation. However, after exposure to the liposomes the ability of the platelets to respond to a normal physiological stimulus (ADP) was impaired. As seen in Fig 3 as little as 6 ug of hemoglobin liposomes caused a noticeable reduction in ADP mediated aggregation; 28 ug of these liposomes essentially ablated the platelet response. This is quite different from the behavior of "conventional" phosphatidylcholine liposomes which have little effect on platelet aggregation or platelet response to stimuli (Juliano et al Ex Cell Res 146 422 1983). At first we thought that there might be some problem with the buffer used to prepare the hemoglobin liposomes, since we had previously encountered inhibitory effects of certain buffer constituents; however, dialysis of the sample against the buffer we have customarily used in these studies did not change the situation (Fig 3b). Further, the data suggest (Fig 3 c) that it is the lipid rather than the hemoglobin which has the inhibitory effect on stimulated platelet aggregation.

Thus, while hemoglobin liposomes should not be thrombogenic, there is some possibility that they may impede hemostasis by inhibiting the ability of platelets to respond to physiological stimuli for aggregation.

Figure Legends

Protein Binding

Liposomes (+ or - Hb) (0.1 ml) were incubated with 0.5ml pooled human serum for 1 hr. at 37C. The liposomes were diluted in 10ml isotonic phosphate buffer, pelleted by centrifugation at 20000xg for 15 min, resuspended in buffer and washed 3 times. The bound proteins were extracted with 1% SDS and loaded onto SDS polyacrylamide gels (7.5% acrylamide) and run under reducing or non reducing conditions. Gels were stained with coomassie brilliant blue; purified serum proteins(lanes C-H) were used as standards

Fig 1 Reducing conditions

Fig 2 Non-reducing conditions

- A) Hb liposomes
- B) "Empty" liposomes
- C) Serum Antitrypsin
- D) Serum Albumin
- E) Transferrin
- F) Haptoglobin
- G) IgG
- H) alpha2-Macroglobulin

Platelet Experiments

Effects of liposomes on platelet aggregation at 37C were studied using a Biodata aggregometer. Small aliquots of various liposome preparations were added to 0.5 ml platelet rich plasma (200,000 cells/ml) in the aggregometer cuvette. ADP at a final concentration of 8 uM was used to stimulate platelet aggregation.

Ordinate shows platelet aggregation as changes in light scattering (arbitrary units); abscissa shows time (1/2 cm= 1 min). The total amount of liposomal lipid added is indicated on the plots.

Fig 3a Hemoglobin Liposomes as Received from The Naval Labs

Fig 3b Hemoglobin Liposomes after Dialysis against Isotonic Tris-Cl Buffer

Fig 3c "Empty" Liposomes (same composition as Hb liposomes but no Hb)

MWT

200

80

68

45

21

A

B

C

D

E

F

G

H

Fig 1

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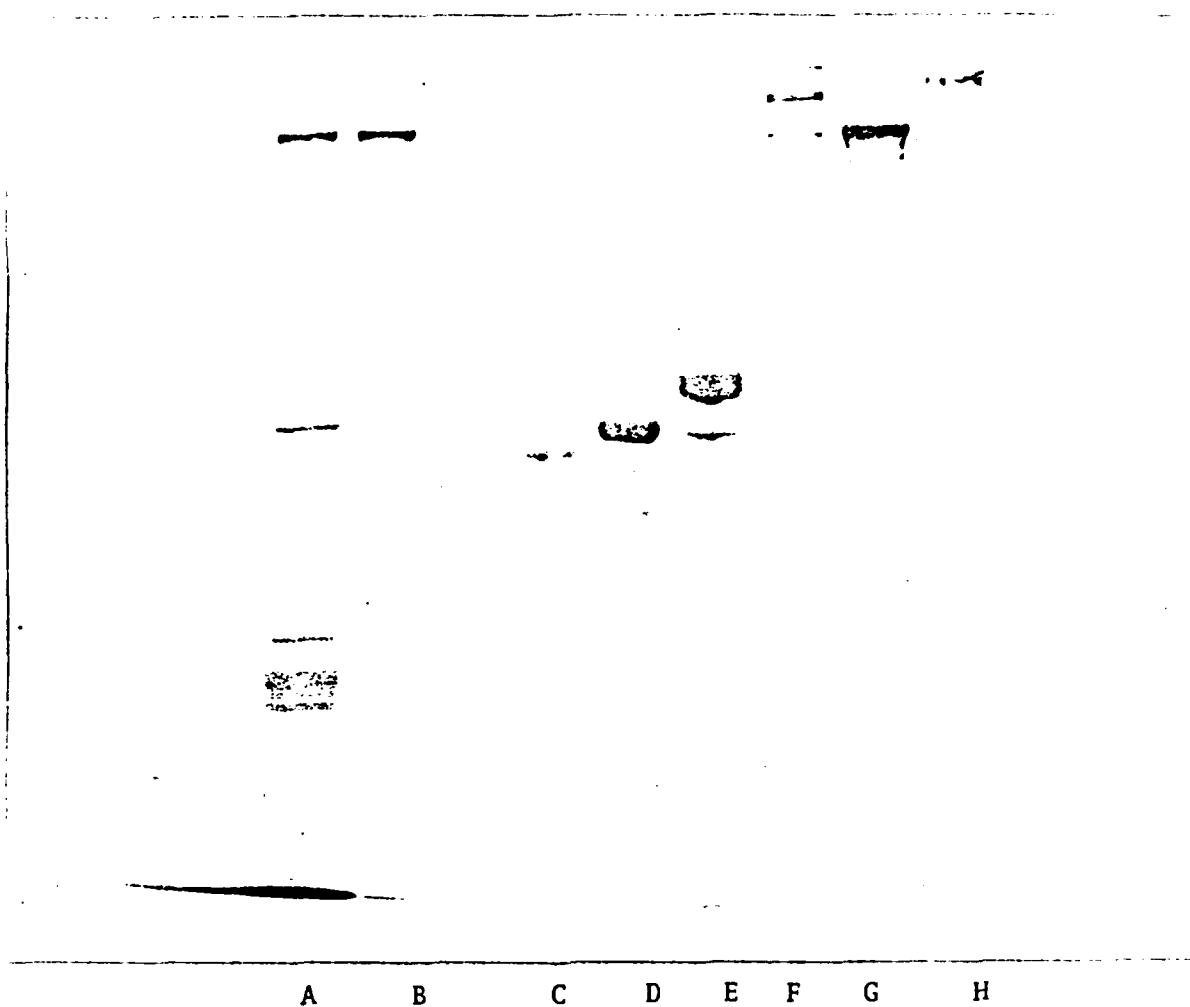


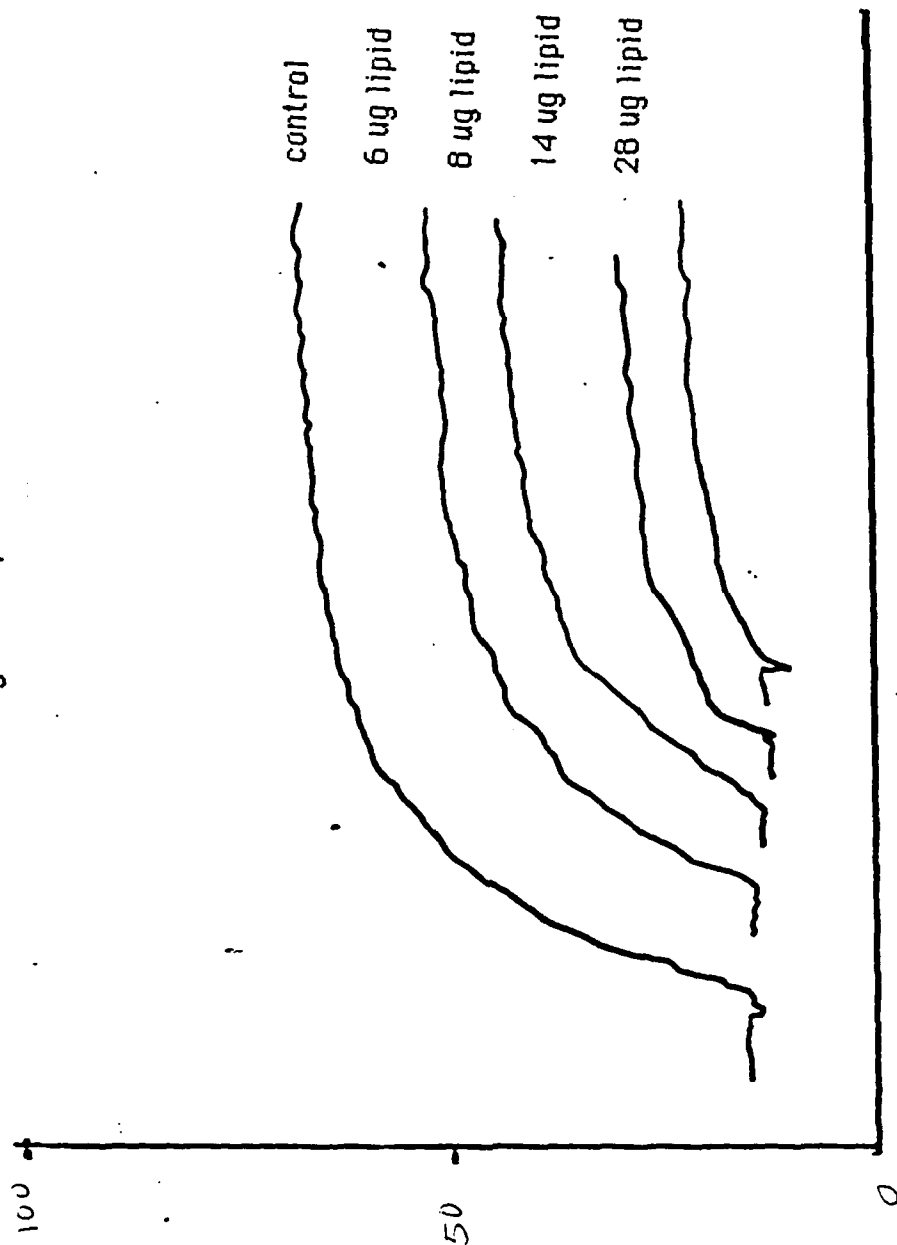
Fig 2

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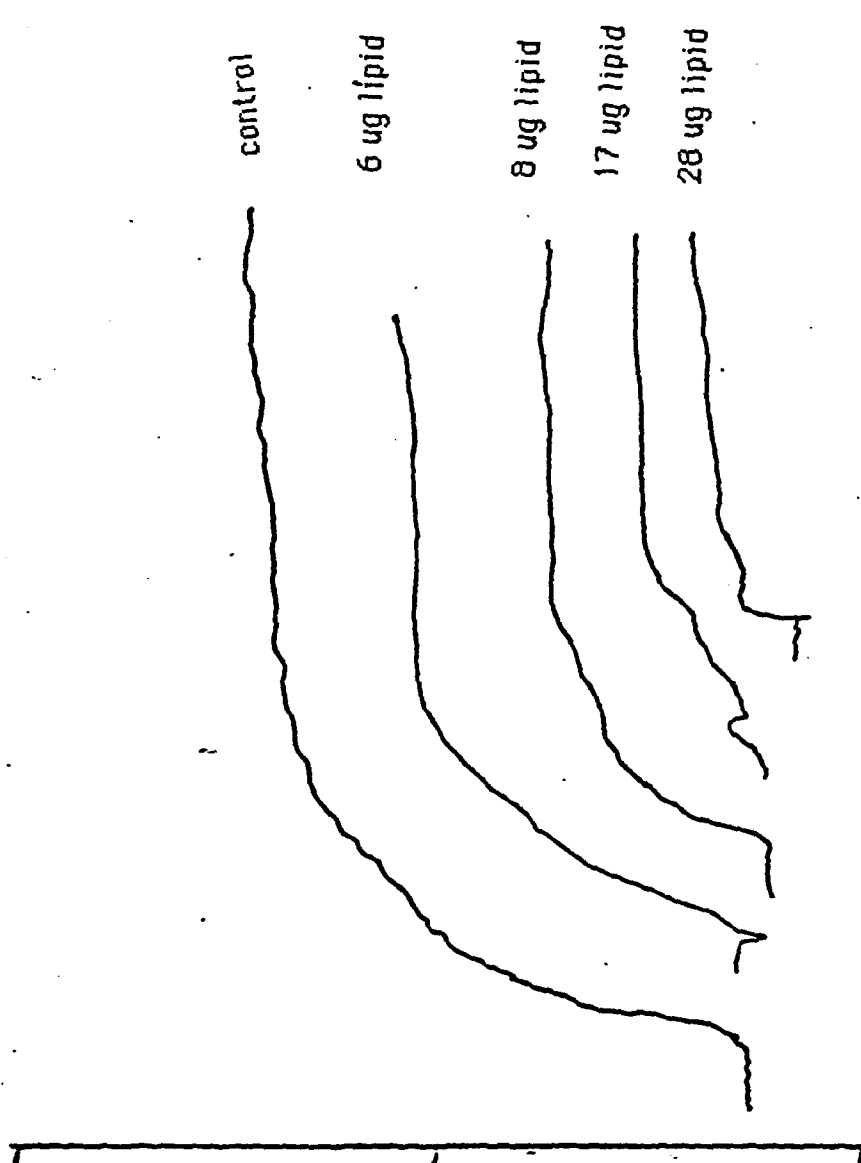
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Hemoglobin Liposomes as Received



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Hemoglobin Liposomes Post Dialysis



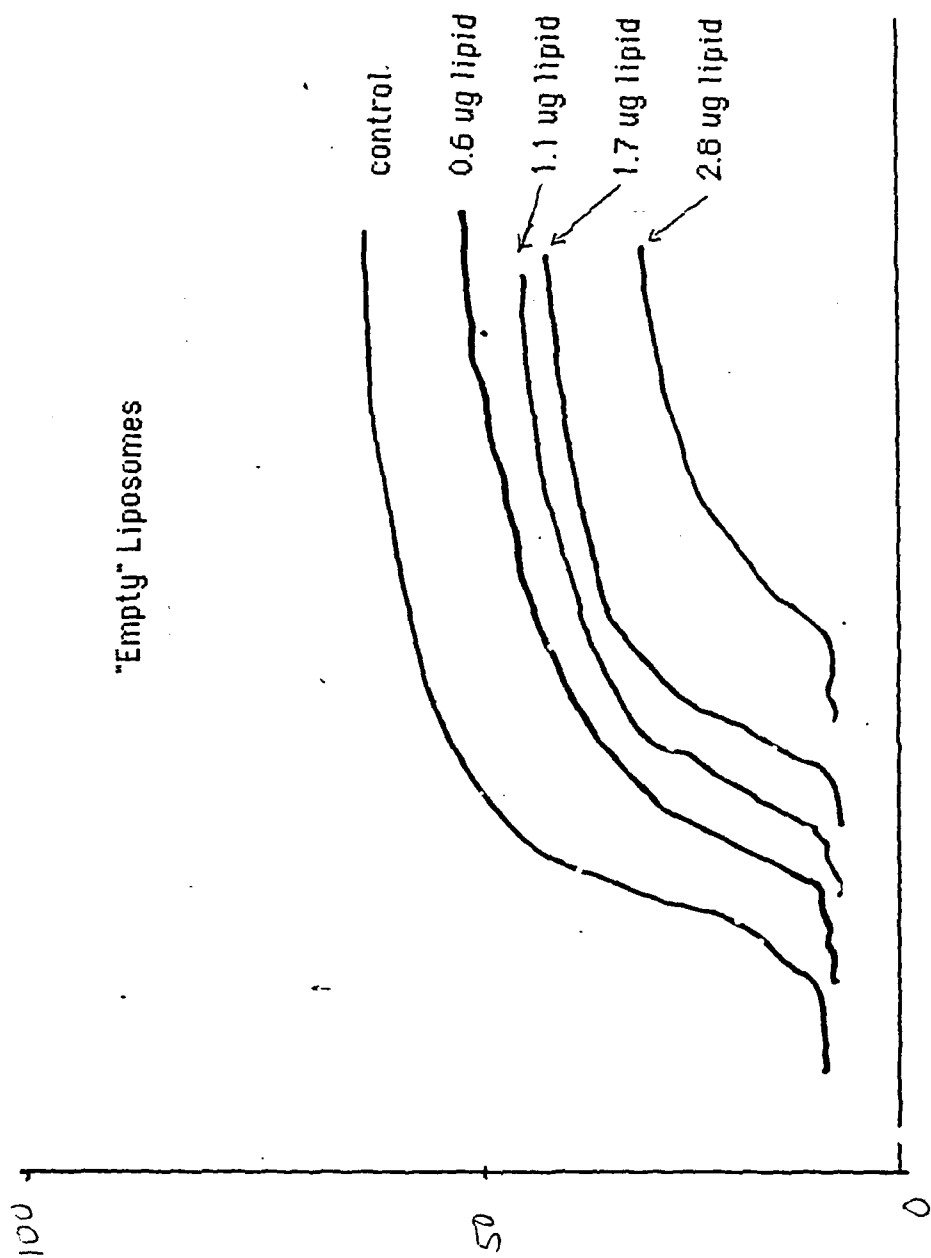


Figure 2

(continued)

Interactions of Polymerizable Phosphatidylcholine
Vesicles with Blood Components:
Relevance to Biocompatibility

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Abstract

We have studied the biocompatibility properties of polymerizable phosphatidyl choline bilayer membranes, in the form of liposomes, with a view toward the eventual utilization such polymerized lipid assemblies in drug carrier systems or as surface coatings for biomaterials. The SH based polymerizable lipid 1,2 bis [1,2 -(lipoyl)dodecanoyl] -sn-glycero-3-phosphocholine (DLL) and the methacryl based lipid 1,2 bis(methacryloyloxy) dodecanoyl-L- -phosphatidyl choline (DPL) were studied in comparison to "conventional" zwitterionic or charged phospholipids. We examined binding of serum proteins to liposomes and effects of liposomes on fibrin clot formation and on platelet aggregation.

All types of liposomes tested bound complex mixtures of serum proteins with IgG being the most abundant bound component. DPL vesicles and anionic vesicles bound substantially more protein than other vesicle types. Polymerized DPL vesicles uniquely bound a protein of about 53 kd which was not bound to other types of phosphatidyl choline liposomes. Likewise polymerized DPL vesicles, but not other types of phosphatidyl choline vesicles, caused a marked alteration in coagulation as measured by APTT and PT tests; this effect was shown to be due to binding and depletion of clotting factor V by the DPL polymerized vesicles. Polymerized DPL liposomes and DLL liposomes in polymerized or nonpolymerized form, were without substantial effect on platelet aggregation. However, DPL non polymerized vesicles, while not causing aggregation, did impair ADP induced aggregation of platelets.

These studies suggest that SH based polymerizable lipids of the DLL type may be very suitable for in vivo use in the contexts of drug delivery systems or biomaterials development. Methacryloyl based lipids of the DPL type seem to display interactions with the hemostatic process which militate against their in vivo utilization.

Introduction

Polymerizable lipids represent a novel approach for the development of drug carrier systems and of biocompatible surfaces (1-4). The physical properties and characteristics of polymerizable lipids have been extensively investigated, but there is little data on their biological behavior. Despite their similarities to natural lipids, polymerizable phospholipids have shown some unique aspects in terms of physical stability, permeability properties and interactions with cells (5,7). Thus Juliano et al. (7) have found that photopolymerized liposomes of a phosphatidylcholine analog (DPL) are more rapidly taken up by reticuloendothelial cells (macrophages) as compared to conventional liposomes. This behavior is paralleled by a rapid clearance of the polymerized DPL vesicles from the circulation into reticuloendothelial cell rich organs such as liver and spleen (8). Since polymerized lipids may be used to coat surfaces (3) thus altering the physical properties of the surface, they may be of substantial value in the development of novel biomaterials. In order to pursue such development, however, more information is needed on the interaction of polymerized lipid surfaces with cellular and macromolecular components of blood. As a simple initial approach to this problem, we report here on the interactions of platelets and of blood proteins with polymerized lipid surfaces in the form of liposomes.

Methods

Materials

Phosphatidylcholine derivatives 1,2 bis(methacryloyloxy) dodecanoyl-L-phosphatidylcholine (designated dipolymerizable lipid or DPL) and 1,2-bis-[1,2-(lipoyl)dodecanoyl]-sn-glycero-3-phosphocholine (designated dilipoyl lipid or DLL) were synthesized as described previously (5,9). Other lipids, including dipalmitoyl phosphatidylcholine (DPPC), dipalmitoyl phosphatidyl glycerol (DPPG), phosphatidyl serine (PS) and dipalmitoyl phosphatidylethanolamine (DPPE) were purchased from Avanti Polar Lipids, (Birmingham, AL). All materials were stored at -20°C under N₂ in the dark until needed and the purity checked by thin layer chromatography (TLC) prior to use. Human serum albumin, gamma globulin, haptoglobin, antitrypsin and apolipoprotein AI were purchased from Sigma Chemical Company. Human α_2 macroglobulin was purchased from Calbiochem and human transferrin from Miles Laboratories. Apolipoprotein E was provided by Dr. W. Bradley (Methodist Hospital, Houston).

Preparation of Liposomes

Multilamellar liposomes (MLVs) of DPL were formed and photopolymerized for 1 hour using ultraviolet light in a Rayonet photochemical reactor as described previously (6). Multilamellar liposomes of DLL were prepared by dissolving the lipid in methylene chloride, drying the lipid extensively onto the wall of a glass tube with a nitrogen stream, adding 10 mM Tris buffer, 0.15M NaCl, pH 8.5 and then allowing liposome formation during vortexing at room temperature. Polymerization was accomplished by adding 10 mole% of dithiothreitol (DTT), and incubation for 3 hours at 65°C followed by overnight incubation at room

temperature. Polymerized multilamellar vesicles were washed with isotonic phosphate buffered saline (PBS) buffer or 10 mM Tris buffer, 0.15 M NaCl at pH 7.4 and sedimented at 20,000 g for 20 minutes. DPL small unilamellar vesicles were formed by sonication at 50°C of multilamellar vesicles until a clear suspension was obtained. The use of sonication with DLL leads to the polymerization of the lipids. Thus, for controlling DLL vesicle size we used vesicles formed by extrusion under pressure of DLL MLVs through a 0.1 μ m polycarbonate filter (10). For DPL and DLL liposomes polymerization was checked by TLC with chloroform/methanol/water 65-25-4 (v/v) and development in iodine vapor. All polymerized lipids remain as a single spot at the origin of the TLC plate. MLV's from conventional lipids were prepared by vortex dispersion of a dried lipid film in buffer as largely described previously. Phospholipid content was determined using an organic phosphorus assay (11).

Protein Binding to Liposomes

Multilamellar liposomes (10 mg lipid) were incubated with 1 ml human pooled serum for 1 hour at 37°C. To minimize the variability of individual serum proteins, we used a single batch of pooled serum. The MLVs were then diluted in 10 ml of buffer, sedimented at 20,000 g using a Beckman centrifuge, the pellet was resuspended in buffer and washed three times. The bound proteins were extracted with sodium dodecyl sulfate (SDS) 1%, lipid content was determined using the organic phosphorus assay and protein content using a B.C.A. kit (Pierce Chemical Co.). The proteins bound were analyzed by SDS polyacrylamide gel electrophoresis (7.5 or 12% running gel) using reducing (with mercaptoethanol) or non reducing (without mercaptoethanol) conditions (12). The gels were stained with coomassie brilliant blue. Molecular weight

standards were Myosin 200,000, Phosphorylase B 97,000, Transferrin 80,000, Bovine Serum Albumin 68,000, Ovalbumin 45,000, and Trypsin inhibitor 21,000. A number of partially purified, commercially available serum proteins were used as standards for the identification of the bands on the gel. Gamma globulin amounts were estimated by scanning gel bands (under non reducing conditions) using a scanning densitometer (L & B instrument, courtesy of P. Davies) and comparing to known amounts of gamma globulin run on the same gel.

Effects of Liposomes on Platelets

Effects of liposomes on platelet aggregation at 37°C were studied using a Biodata aggregometer of the type normally used for clinical laboratory assay of platelet function as previously described (13). Liposomes were added to the aggregometer cuvette as small aliquots (50 to 150 μ l) into 0.5 ml platelet-rich plasma. In all experiments platelet count was adjusted to 200,000/ μ l and ADP was used to stimulate aggregation at a final concentration of 8 μ M. Phospholipid content was determined using the phosphorus assay (11). Stimulated platelet aggregation versus dose of liposomes added was recorded.

Effects of Liposomes on the Clotting Cascade

Activated Partial Thromboplastin time (APTT) and Prothrombin Time (PT) assays were used to evaluate the influence of the polymerizable lipids on the intrinsic system and the extrinsic system of the clotting cascade respectively (14,15). Citrated plasma was collected from fresh human blood and incubated with multilamellar vesicles of DPL or DLL (either polymerized or not) at concentrations up to 20 mg of lipid/ml plasma. Liposomes were pelleted at 16000g, and the plasma supernatant was collected carefully and studied using APTT, PT or plasma factor deficiency tests.

For APTT and PT tests, the basic techniques are similar.(16) The plasma to be studied is added to either a thromboplastin calcium mixture (PT) or incubated with Activated Partial Thromboplastin and then calcium (APTT) and the length of time which is required to form fibrin is measured using an automated instrument with photo-optical clot detection system (Coag A model X-2, Organon Technica, Morris Plains, NJ). All factor identification assays were based on the correction of the clotting time of factor deficient plasma when mixed with the test plasma. The factor activity was calculated by comparison of the sample clotting time with a curve prepared from dilutions of normal plasma. Thromboplastin reagent containing calcium chloride (Pacific Hemostasis, Ventura CA) was used to initiate clotting for PT, factor V and factor VII assays. APTT reagent (Organon Technica, Morris Plains, NJ) was used for APTT and factor VIII activity. Factor V deficient plasma was provided by Pacific Hemostasis, Ventura CA and Factor VII, VIII deficient plasma by George King Biomedical, Overland Park, KA. Fibrinogen was assayed by measurement of clotting time after addition of Thrombin (Organon Technica, Morris Plains, NJ) to a dilution of the test plasma.

Results

Binding of Serum Proteins to Liposomes

We examined the binding of human serum proteins to different types of liposomes during incubation for one hour at 37°C, since previous experience (17) indicated the protein binding was complete during this time. The binding of proteins to conventional and polymerizable liposomes is illustrated in Figure 1. DPL non polymerized vesicles (DPL NPV), DLL non polymerized vesicles (DLL NPV) and DLL polymerized vesicles (DLL PV) seem to bind the same array of proteins as the conventional zwitterionic lipids DPPC or DPPE. By contrast, the binding patterns for DPL polymerized vesicles (DPL PV) were almost the same as for negatively charged lipids such as DPPG or PS. We tried to identify the bound proteins by comparison to co migrating standard purified human proteins, under reducing or non reducing conditions. As shown in Figure 2 (reducing conditions) and Figure 3 (non reducing conditions) the major protein bound to all liposome types is likely to be gamma globulin (IgG), which co migrates with the major band at 53-54 kd (reduced) or 150 kd (not reduced). Surprisingly, under non reducing conditions we separated a protein (X) which on reducing gels had co migrated with IgG. As shown in Figure 3, this band X (non reduced) appears principally associated with DPL polymerized vesicles. It also appeared, but at a lower level, in gels of proteins bound to charged lipids, but never with DPL NPV or DLL PV or DLL NPV. Table 1 summarizes the identification of the major serum proteins bound to the different kinds of polymerizable liposomes studied.

We were also interested in examining low molecular weight proteins bound to the various liposome types. As shown in Figure 4, we demonstrated with a 12% running gel, that apolipoprotein AI (MW 27,000), the major subunit of high density lipoprotein, is bound to all polymerizable lipids studied. We have also quantified the amount of serum proteins bound to polymerizable lipids, and more specifically the IgG bound to each kind of polymerizable liposome (Table 2). DPL vesicles whether polymerized or not, bind more protein than DLL vesicles. The amount of IgG per mg of lipid doesn't noticeably differ between the polymerized or non polymerized form of each lipid. Compared to its average percentage in serum (10-15% total protein), IgG represents respectively for DPL and DLL, almost 30% and 18% of the total proteins bound. However, each mg of DPL binds almost 5 or 6 times more gamma globulin than DLL, in rough proportion to the increased total protein binding to DPL.

Effects on Platelet Aggregation

No direct effects on platelet aggregation were observed with any of the liposomes preparations studied. Nevertheless, as shown in Figure 5A, a marked decrease of ADP induced aggregation was observed with DPL non polymerized vesicles. DPL non polymerized vesicles at 1 mg/ml plasma markedly inhibited ADP induced platelet aggregation. This inhibitory effect of DPL NPV is dose dependent and appears at relatively low doses (380 µg/ml plasma) as compared to DPL polymerized liposomes or DLL liposomes (Figure 5B, C, D)..

Effects on the Clotting Cascade

The Prothrombin Time (PT) is a measure of the extrinsic system of coagulation while the Activated Partial Thromboplastin Time (APTT) evaluates the intrinsic system of coagulation (14,15). After one hour incubation of plasma with liposomes at 10 mg lipid per ml of plasma, both parameters were found to have normal values except for the case of DPL polymerized vesicles (Table 3). In that case a lipid concentration dependent increase of the clotting times (both PT and APTT) was observed in the concentration range studied (0 to 20 mg lipid/ml plasma). A prolonged PT and APTT indicates a depletion of one or more of the coagulation factors. We studied factors which most likely would be involved or depleted by interaction with lipids. As shown in Table 4, the levels of fibrinogen, Factor VIII and VII found in plasma after incubation with DPL PV were normal, but the level of factor V was reduced. Control plasmas were used to check that the values obtained were not due to the incubation temperature and time or to the dilution process.

Discussion

Polymerizable phosphatidylcholines may provide novel constituents in the development of liposomal drug carrier systems or of surface coatings for biomaterials. However, the use of polymerizable lipids in these contexts is predicated upon an understanding of the in vivo behavior of these lipids, particularly in terms of interactions with cellular and macromolecular elements of blood. In this report we describe the binding of blood proteins to polymerizable lipid vesicles, as well as effects of such vesicles on platelet aggregation and the fibrin coagulation cascade.

As reported previously, lipid vesicles bind a complex variety of serum protein components (17,18), but the bound components are not simply a random sample of the total serum proteins. The major protein bound to all types of vesicles tested here is IgG; this is true of polymerizable liposomes, liposomes composed of "conventional" phosphatidylcholines as well as liposomes containing anionic phospholipids. Albumin, which is by far the most abundant serum protein, is bound to a lesser degree than IgG or another, as yet unidentified, protein running at m.w. of 80kd. While the overall pattern of protein binding to the various types of lipid vesicles tested was similar, each vesicle type did display unique quantitative and qualitative aspects of protein binding. We attempted to identify some of the components in the complex mixtures of bound proteins by comparison of migration patterns to those of commercially available purified serum proteins under both reducing and non reducing conditions. This was only partially successful, resulting in the identification of IgG, albumin, α 2 macroglobulin and apoA1; the remaining bound components cannot be identified with any certainty at this point. There were also marked quantitative differences in total protein or total IgG bound, with polymerized DPL vesicles binding substantially more protein than DLL vesicles or "conventional" DPPC vesicles; previous results have shown that anionic vesicles also display relatively high protein binding. (17,19)

The binding of IgG and apo A1 to vesicles may have important functional consequences. Thus both HDL and its major subunit apo A1, are known to destabilize liposomes (20,21). The binding of IgG may also be important in terms of the interaction of liposomes with the phagocytic cells of the reticuloendothelial system, many of which bear receptors for the Fc domain of IgG (22,23). DPL vesicles bind particularly large amounts of IgG, especially when they are polymerized. We have observed previously that DPL vesicles are

taken up by macrophages in vitro much more rapidly than "conventional" PC vesicles (7). We have also observed that polymerized DPL vesicles are cleared very rapidly from the circulation (8). At this time it is not clear that the high binding of IgG to DPL vesicles accounts for these biological behaviors, but it certainly seems a possibility.

One of our most interesting findings is the existence of a serum component (protein X) which can apparently discriminate between polymerized and non polymerized DPL vesicles, binding strongly to the former; this component also bind to a lesser degree to anionic PS and PG vesicles. Since polymerization of the methacryloyl groups of DPL takes place within the hydrophobic region of the bilayer, while protein binding takes place at the liposome surface, this suggests that the polymerization reaction leads to a modification of vesicle surface topology which can be recognized by certain proteins. At this point we have not yet identified protein X with any well known serum component.

In evaluating a new chemical moiety for in vivo use it is important to determine whether the moiety either provokes or inhibits hemostasis. The platelet plug and the fibrin clot are the final products of the hemostatic process. Thus we evaluated the effects of polymerizable liposomes on spontaneous or ADP induced platelet aggregation and on fibrinogenesis. None of the liposomes tested here initiated aggregation of platelets in platelet rich plasma, even when lipid doses in excess of 1mg/ml were tested. Further, most of the conventional or polymerizable liposomes tested did not significantly impede ADP induced platelet aggregation, with the single exception of non polymerized DPL. The basis for the marked inhibitory effect of non polymerized DPL vesicles on platelet aggregation is unclear at this time; one might speculate that it is due to the previously reported cellular

toxicity of methacryloyl moieties (7), but this has not been definitely tested. In any case it seems that polymerized DPL or DLL vesicles are relatively innocuous in terms of thrombogenic interactions with platelets, as has been previously established for "conventional" PC vesicles (13).

The interaction between plasma coagulation factors and lipids is known to play a key role in blood clotting particularly in accelerating some of the reaction steps leading to the clot formation (18,24). According to Hunt (25), the majority of the in vivo studies with liposomes are carried out using lipid concentrations of 6-9 nmol/ml plasma (5-10 mg of lipid/ml plasma). Thus it was interesting to study the influence of DPL and DLL on the clotting process in similar concentration ranges. We used simple hematology tests such as PT and APTT, to have a measure of the overall coagulant activity. Among the different lipids tested, only DPL polymerized vesicles caused a marked modification of the clotting time, indicating binding and depletion of one or more essential factors by DPL-PV. Using factor deficient plasmas we were able to investigate different coagulation factors which might be involved in this effect. Of the factors tested, only factor V was found to be depleted by DPL polymerized vesicles (Table 2). Factor V is a single chain glycoprotein which participates in the activation of prothrombin to thrombin leading to the formation of fibrin; a negative lipid surface charge is supposed to be necessary to its binding to phospholipids (26,27). Factor V appears as a single band of mw330kd on SDS polyacrylamide gel electrophoresis before and after reduction of disulfide bridges (28, 29). Therefore, it cannot be identical to protein X, the component which is abundantly bound to DPL-PV vesicles which has a mw of approximately 53 kd under reducing evaluations.

In this study we have examined the interactions of a photopolymerizable lipid (DPL) and a chemically polymerizable lipid (DLL), both in the form of liposomes, with soluble and cellular components of blood, with a view to assessing their suitability for in vivo use. DPL seems to present some problems in this regard since (a) in polymerized form it strongly binds a number of serum proteins including clotting factor V and thus may affect fibrin clot formation; (b) in non polymerized form it has a toxic or inhibitory effect on platelet aggregation and could potentially impair hemostasis in this manner. By contrast DLL, in either polymerized or non polymerized forms, seems to effect neither fibrin clot formation nor platelet aggregation and thus is unlikely to perturb hemostasis. In this respect DLL vesicles seem similar to "conventional" phosphatidyl choline vesicles, which are innocuous in terms of hemostasis, while DPL vesicles seem more like charged lipid vesicles which can effect both soluble and cellular aspects of coagulation (24) (although there is no evidence for a surface charge on DPL vesicles (7)). This is not to say that DLL vesicles will be devoid of biological activity, since they clearly bind IgG and a number of other serum proteins which may promote a variety of interactions with cells and tissues. To a first approximation, however, the SH based polymerizable lipids of the DLL type seem a more promising approach than the methacryloyl based moieties of the DPL type for future development of biocompatible drug carrier systems and biomaterials.

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Figure 1: Binding of human serum proteins on neutral, negatively charged and polymerizable liposomes. 7.5% SDS polyacrylamide gel, reducing conditions.

MWS-molecular weight standard; HS human serum; A-DPL NPV; B-DPL PV; C-DPPC, D-DPPE; E-DPPG; F-PS; G-DLL NPV; H-DLL PV;

Figure 2: Identification of proteins bound to polymerizable liposomes. 7.5% SDS polyacrylamide gel, reducing conditions.

MWS-molecular weight standard; A-DPL NPV; B-DPL PV; C-antitrypsin; D-human serum albumin; E-transferrin; F-haptoglobin; G-gamma globulin; H-macroglobulin; I-DLL NPV; J-DLL PV;

Figure 3: Identification of gamma globulin binding onto polymerizable liposomes. 7.5% SDS polyacrylamide gel, non reducing conditions. A-DPL NPV; B-DPL PV (arrow indicates unknown protein); C-antitrypsin; D-human serum albumin; E-transferrin; F-haptoglobin; G-gamma globulin.

Figure 4: Identification of Apolipoprotein AI binding onto polymerizable liposomes. 12% SDS polyacrylamide gel, reducing conditions.

MWS-molecular weight standard; A-DPL NPV; B-DPL PV; C-Apolipoprotein AI.

Figure 5: Effects of polymerizable lipids on platelet aggregation. Different doses (μg of lipid) of liposomes were added to platelet rich plasma (0.5 ml at 200,000/ μg) and after 2 minutes of incubation, aggregation was induced by addition of 8 μM of ADP. Percentage of aggregation versus time is recorded with an aggregometer. Light scattering arbitrary scale 100% indicates maximum aggregation.

- A: DPL NPV
- B: DLL NPV
- C: DPL PV
- D: DLL PV

Table 1

	DPL	DPL PV	DLL NPV	DLL PV
apo AI	+	+	+	+
apo E	-	-	-	-
antitrypsin	-	-	-	-
Serum albumin	+	+	+	+
Transferrin	-	-	-	-
Haptoglobin	-	-	-	-
Gamma globulin	+	+	+	+
macroglobulin	+	+	+	+
Protein (X)	-	+	-	-

Table 1: Binding behavior of major human serum proteins to polymerizable lipids as determined by SDS gel electrophoresis

Table 2

Vesicles	μg Protein per mg lipid	μg IgG per mg lipid	
DPL NPV	237 ± 5	66 ± 6	..
PV	152 ± 12	48 ± 5	
DLL NPV	56 ± 6	10 ± 4	
PV	69 ± 11	11 ± 3	

Table 2: Quantity of total proteins and gamma globulin bound to polymerizable lipids. These values are mean values \pm SD for 4 experiments.

Table 3

Liposomes	APPT (% of Control)	PT (% of Control)
DPL NPV	83%	97%
PV	160%	143%
DLL NPV	90%	101%
PV	93%	108%

Table 3: Effect of liposomes (10 mg/ml plasma) on the Activated Partial Thromboplastin Time (APTT) and Prothrombin Time (PT). Samples were incubated with liposomes for 1 hour at 37° prior to testing PT or APTT.

Table 4

<u>Factors Studied</u>	<u>Normal</u>	<u>Mock Incubated Plasma</u>	<u>Plasma after Incubation with liposomes</u>
Fibrinogen	200-400 mg/dl	249 mg/dl	239 mg/dl
Factor VIII	50-150%	61%	66%
Factor VII	50-150%	142%	122%
Factor V	50-150%	66%	29%

Table 4: Level of coagulation factors in plasma with or without incubation with DPL polymerized vesicles. The data given as % refers to a comparison with untreated normal pooled plasma as an 100% standard.

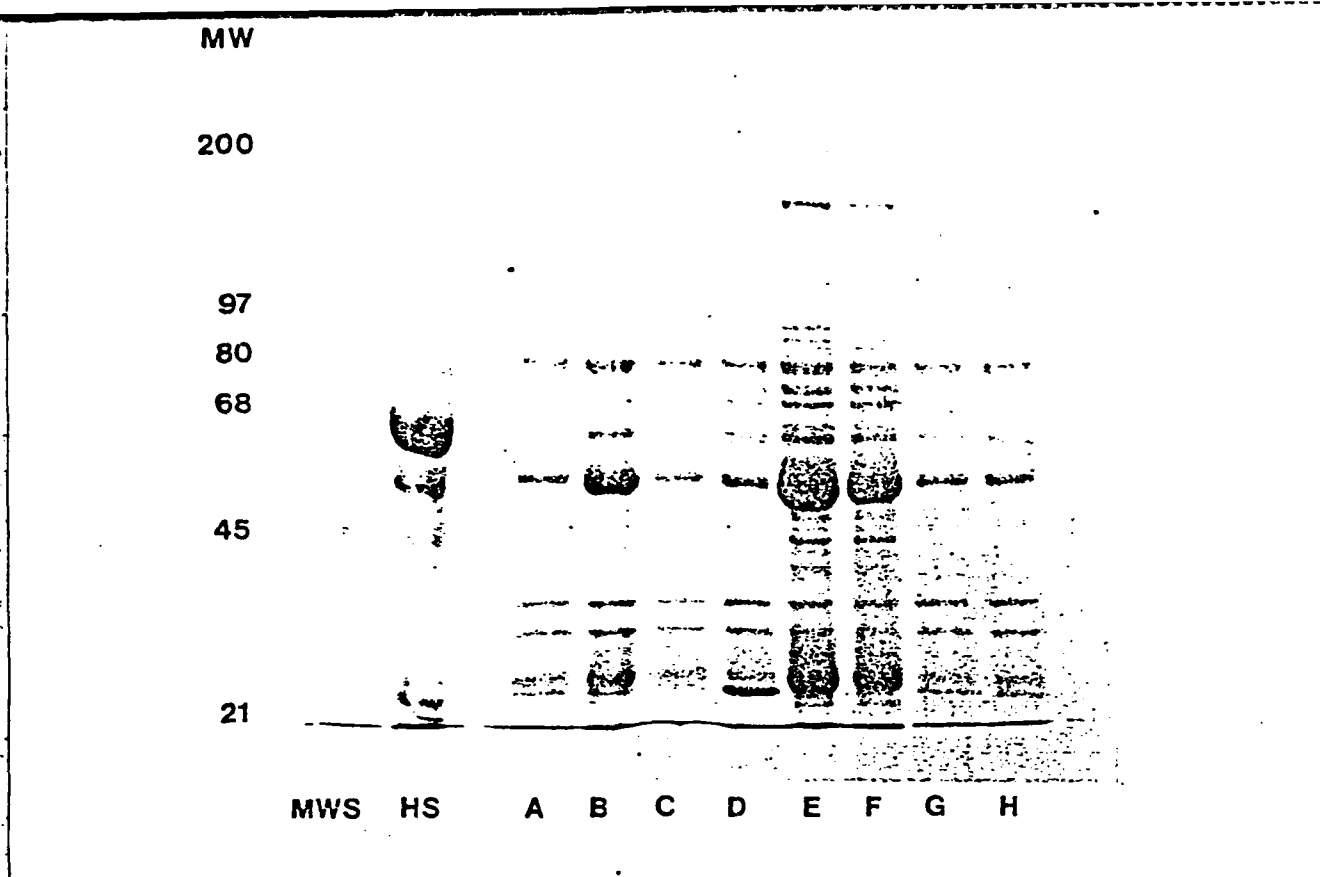
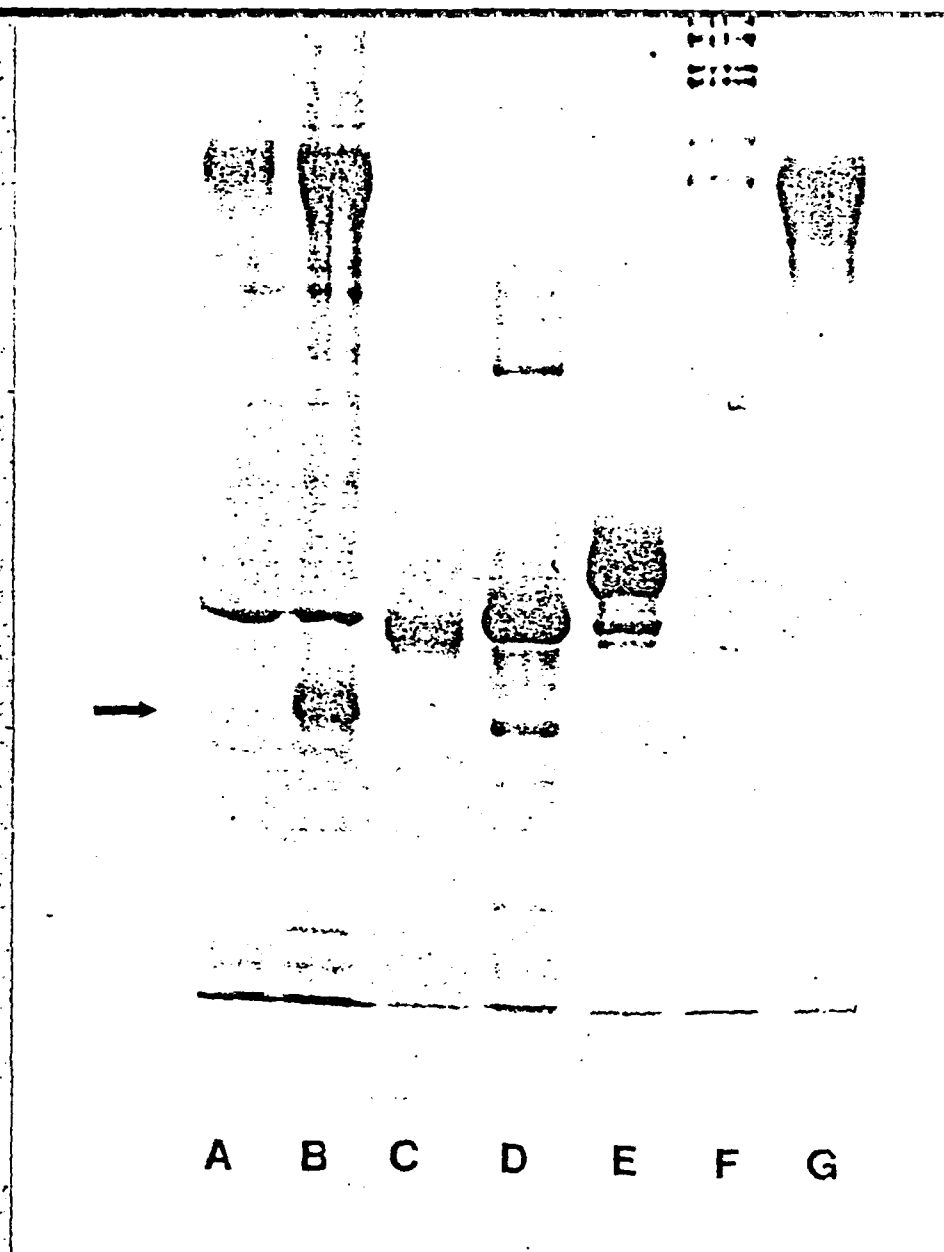


Fig 1

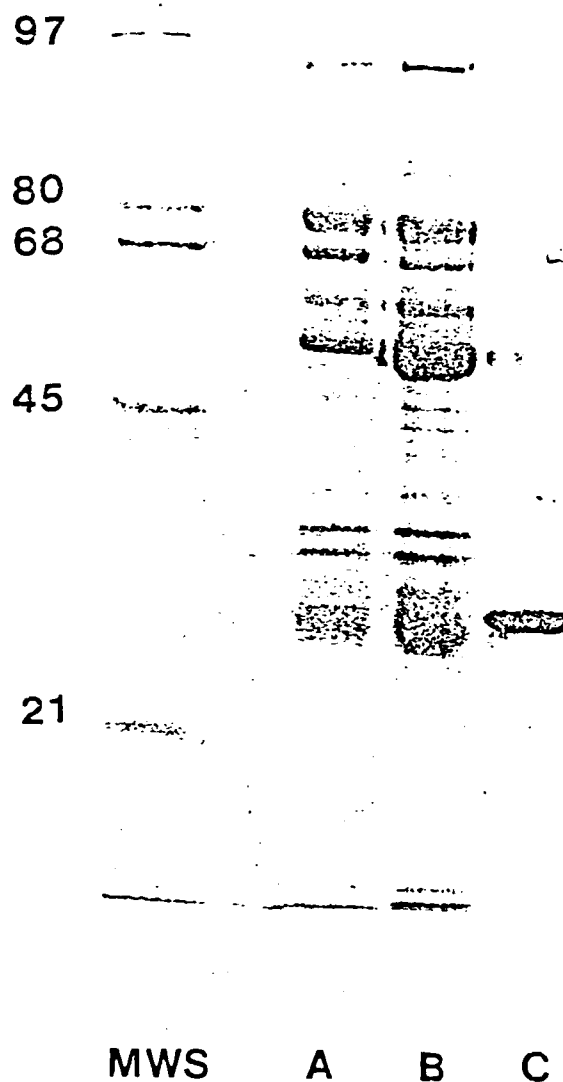
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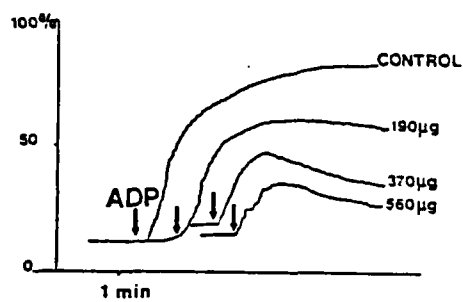


Fig 2

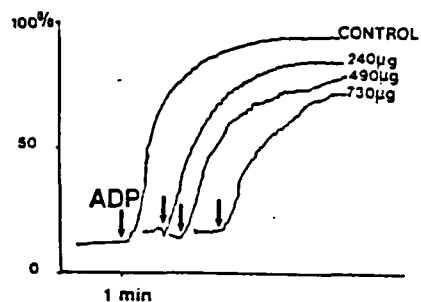


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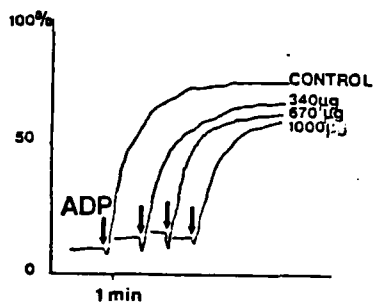




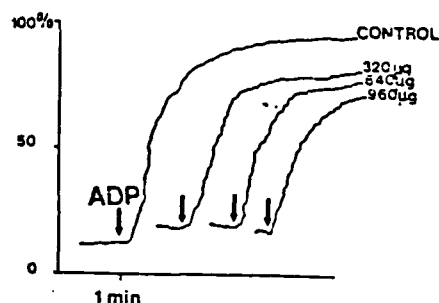
A



B



C



D

Fig 5

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DTIC